

trusted these few suggestions would stimulate to the investigation some of his professional brethren more accomplished in the use of the microscope, or more fortunate in the enjoyment of leisure.—*Lancet*, July 11, 1857.

26. *On Movable Kidneys.* By Prof. OPPOLZER.—The knowledge of the possibility of the existence of this affection is of importance to the practitioner, as, when unaware of it, he may suppose the appearances observed to result from various other causes, and submit the patient to an injurious course of treatment, or give rise to unnecessary alarm upon his part. The abnormal movability usually affects but one kidney, and especially the right one; but the author has met with cases in which it was observable in both, and that in a remarkable degree. In all the cases he had the opportunity of examining, the patients dying of some other disease, the kidneys were found healthy; but in these cases there has been observable a deficiency in the cushion of fat, and an extension of the renal vessels. In some cases, the practitioner's attention has been drawn to the abnormality by the patient observing a tumour on one or both sides of the abdomen, which only became perceptible while standing, or lying on one or the other side, disappearing again during the horizontal posture. Generally speaking, however, it is first discovered by careful exploration, when, beneath the relaxed, painless, and not very obese abdominal parietes, a largish, rounded tumour is perceived deep under the liver or stomach. The inner concave side can only be felt in very thin persons, and the upper end is only accessible in some. The tumour can easily be pushed upwards, and then may suddenly disappear, but it cannot be pressed against the spinal column, or downwards below the crista ili, without great pain being produced. To very firm pressure, made in any direction, the tumour is sensible; and the patient spontaneously complains of a sense of pressure and dragging, especially when standing, performing active movements, during defecation, etc. In the cases seen by the author, the condition of the urine has been normal.

The affection is usually congenital, as is shown by the lengthened condition of the vessels. Rapid emaciation occurring in persons formerly fat, concussion of the body, as in rough travelling, constipation, etc., may probably contribute to its production. In fat persons, the diagnosis may be impossible, but it is not difficult in those who are thin, as the form of the swelling can be traced, while the tumour can be pushed into the lumbar region, and there felt. The pain which it not unfrequently gives rise to cannot be mistaken for neuralgia, colic, or rheumatism, if the practitioner will only make an exact exploration; while the tumour resulting from a collection of feces assumes another form, and does not appear in, or disappear from the lumbar region in consequence of pressure. It may also be distinguished from a movable spleen, as the latter lies in front of the intestines under the parietes, and gives rise to dulness on percussion, which the kidney does not. It can only be confounded with cancerous and tubercular masses, when these are movable, and resemble the kidney in form. Treatment of this affection by bandages, and the like, is of no avail; and the removal of pain when present must chiefly be sought from the horizontal posture. Confinement of the bowels, and the consequent straining, must be avoided. It is, however, of great importance to be able to tranquilize the mind of the patient as to the nature of the affection, and to prevent injurious measures being adopted; and hence the value of a correct diagnosis.—*Med. Times and Gaz.*, June 6, 1857, from *Wein Wochenschrift*, No. xlii., 1856.

27. *Open Foramen Ovale in the Adult.*—Some years since (1851), Dr. J. W. OGLE examined sixty-two human hearts, with a view of discovering the condition of the foramen ovale, and found that of these there were thirteen in which this foramen was incompletely closed, or one in five. The patency noticed allowed of very different degrees of communication, between the two sides of the heart. "In some of the cases, the opening remaining in the septum of the auricles was a mere fissure or oblique slit, arising simply from want of such an adhesion between the valves and the margins of the isthmus as is wont to

exist after the completion of the drawing up of the valvular fold and other preliminary contractile actions of neighbouring parts. This defective adhesion, I may remark, is thought by Dr. Peacock to be the result of unequal pressure in the auricles from the blood, owing to the slow establishment of the pulmonary circulation after birth. The oblique slits, to which I have alluded, were directed variously, as it were, opening in some cases more widely from above, and in others from below, and would have allowed of the blood passing, as it would seem, more freely in some cases from the left into the right auricle, but in the majority of cases from the right into the left auricle. In several of these cases, the communicating opening was not merely that of a chink or slit, but was a decided round or oval aperture; in one case admitting of the entrance of the tip of the little finger. In one or two cases the opening was of a reticular character, having the appearance as if it had been produced by a falling short of one part of the margin of the valvular fold, so that it failed to be raised to the level of the isthmus, to which it ought to have been adherent; and as if the deficiency had been in part compensated for by bands passing across the vacancy. I was careful in my search for any trace of ulceration or of rupture which might have accounted for the opening, but this did not in any case exist."

Dr. O. has recently referred to the life histories of these cases, in order to ascertain what physical signs were noticed before death, which might be attributed to this imperfect closure; and he states that in these thirteen cases "there are seven in whose histories it is emphatically stated or to be inferred that no murmur synchronous with the systole of the ventricles, that is also synchronous with the diastole of the auricles, existed; and only one in which there is notice of any murmur with the diastole of the ventricles—that is, with the systole of the auricles. Consequently, excepting in this last single instance, we have the fact of six hearts in which more or less patency of the foramen ovale existed, but did not give origin to any unnatural sound whatever about the heart. In the solitary instance (Case 3) in which a regurgitant or diastolic murmur (so called) was heard, the heart was very large and soft, and recent granulations and shreds of fibrinous material, deposited from the blood, were adherent to the aortic valve-flaps. It may therefore well be believed that this murmur was seated in the left ventricle, and had nothing to do with the septum of the auricles; if it had any such connection, it must have been produced during the systole of the auricles, and therefore not at all similar to that in Dr. Markham's case, which took place during the ventricular systole, and was supposed by him to be produced during the diastole of the auricles. As regards the last six cases, in which the closure of the foramen ovale was imperfect, I am sorry to say that the life history does not afford data from which any conclusive evidence as to the presence of cardiac bruits may be derived. It will be remembered that in all these thirteen cases the patients were adults. In none of them was there any cyanosis noticed during life, or congenital malformation of the heart or its vessels found after death. Moreover, there was no such condition of the valves or orifices of the heart as should primarily or secondarily tend in any material degree to impede the blood's exit from the auricles, and thus, as it were, throw greater pressure and stress upon the septum along with other parts of their walls, and lead to a mixture of the venous and arterial blood through the foramen ovale. There was, however, in many cases, marked and extensive disease of the lungs, such as their occupation by the products of inflammation or scrofulous deposit, which, though to a less extent, would have a similar tendency as regards the right auricle.

"I may be permitted here, as I have his sanction, to append a case lately brought before the notice of the Pathological Society by Dr. Ogier Ward, which I will curtail. It bears strongly upon the point I am attempting to illustrate.

"The case was that of a child who died eleven days after birth, having been cyanotic and affected with dysphagia and choking on swallowing. The lungs and heart were auscultated during life, and it was noticed that the heart's sounds were natural, no bruit existing. After death, congenital communication between the trachea and œsophagus was found, with enlargement of the pulmonary artery and patency of both the ductus arteriosus and foramen ovale. The

preparation is now in the museum of the College of Surgeons. This case, added to those related above, makes the seventh case in which the foramen ovale was more or less patent during life, and in which we have evidence that no bruit was thereby produced."

In the number of the *British Medical Journal* for April 4, 1857, Mr. Markham relates a case in which a loud murmur, coincident with the systole of the ventricles, was heard along the base of the heart, and in the entire left subclavian region.

"In this case," remarks Dr. Ogle, "nothing unnatural was found after death in the condition of the heart beyond a patent state of the foramen ovale, allowing the blood to pass readily from the right to the left auricle, but not permitting it to pass in the opposite direction, excepting through two narrow slits. Among other remarks in connection with it, Dr. Markham suggests the very important query whether this peculiar state of the foramen was sufficient to account for the very marked and widely extended systolic murmur heard during life; so marked, indeed, that before death it was described as loud, rough, and prolonged, audible over the whole præcordial region, and over the upper part and along the right border of the sternum, and in the whole of the upper half of the interscapular space. Dr. Markham supposes that in many cases of open foramen ovale, under certain circumstances, this state induces murmur during the systole of the heart. If this state of the foramen be accompanied by other unnatural states of the heart producing any murmur, then the murmur caused at the septum of the auricles becomes masked and hidden; and if there be no such disease in other parts of the heart, then no heart symptoms arise, and thus the heart remains unexamined during life, and consequently the aforesaid auricular murmur not detected. He says: 'Is it not possible that such a murmur may have been present in many cases simply of open foramen ovale, but was not discovered during life, because the disturbance to the circulation produced by the same lesion was not of itself of a nature marked enough to excite attention?' Again: 'Cases where the foramen ovale must have been partially open during life, and yet where no symptoms to mark the fact had been observed, are frequently met with; and assuredly in the majority of these cases it would be a complete begging the question to affirm that no murmur really existed during life. It is more correct to say that in the very great majority of cases of simple open foramen ovale disturbances in the circulation do not occur, and therefore no examination of the heart is made during life. Practically speaking, how many cases are there on record where simple foramen ovale has been found after death, in which the observer can affirm that no murmur existed during life? I suspect very few.' It is with this last question only of Dr. Markham's that I am now concerned; and though in what I have brought forward I do not say that I have shown reason for supposing that a murmur cannot, under any circumstances, be produced by the passage of blood through an open foramen ovale, yet I have, as I think, shown that there are numbers of cases, under ordinary circumstances, in which, although facility for the passage of blood from one auricle to another exists, yet no unnatural sound is thereby of necessity produced. This is so, judging from the cases adduced, even when considerable obstruction to the blood's passage through the lungs must in many cases have been present. It may be that with a certain degree of patency, a certain tension of the boundaries of the foramen, a certain quality of the blood as to consistence, and a determinate force with which the blood is propelled by one or other auricle—under all these conditions it may be a murmur might possibly be caused at an open foramen ovale. More extended observations than have hitherto been made on the matter are, however, yet required to establish the fact."—*British Medical Journal*, June 13, 1857.

28. *Combined Constitutional and Local Treatment of Hooping-Cough.*—Dr. R. PEARCE states (*Lancet*, April 11, 1857) that in 75 cases of hooping-cough (32 boys and 43 girls), varying in age from 2 to 8 years, which came under his charge during last autumn, in a school containing over a thousand children, he used the local treatment recommended by Dr. Eben Watson, viz., sponging the glottis once a day with a strong solution of nitrate of silver (one scruple